

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/587,263**

FILING DATE

**7-28-06**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10			1			
11			1			
12				1		
13				1		
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16				1		
17				1		
18				1		
19				1		
20			1			
21			1			
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30			e			
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						